Historical Classification by Professional Organizations

Transgender identity was historically classified as a mental health condition by leading psychiatric bodies, as documented in diagnostic manuals.

- **DSM-III (1980)**: The American Psychiatric Association (APA) introduced "Gender Identity Disorder" (GID) as a psychiatric disorder, characterized by persistent discomfort with one's assigned sex and a desire to live as the opposite sex. This classification remained in DSM-IV (1994), where it was defined as a disorder of identity requiring clinically significant distress. APA historical overview: *https://www.psychiatry.org/psychiatrists/diversity/education/transgender-and-gender-nonconforming-patients/gender-dysphoria-diagnosis*.
- **ICD-10 (1990)**: The World Health Organization (WHO) categorized "Transsexualism" under mental and behavioral disorders (code F64.0), including criteria such as a desire for hormone treatment or surgery to align physical characteristics with perceived gender. Full document: *https://cdn.who.int/media/docs/default-source/classification/other-classifications/9241544228_eng.pdf* (pages 200-201).
- **Mid-20th Century Foundations (1950s-1970s)**: Psychiatrists like Harry Benjamin viewed it as a psychological condition akin to a brain-body mismatch. Earlier DSM editions, such as DSM-I (1952), addressed similar issues under sociopathic personality disturbances, evolving to paraphilias in DSM-II (1968). Detailed timeline: *https://www.lgbtqiamidwest.org/chai-resources/a-brief-history-of-sexuality-and-gender-identity-classifications-in-the-dsm-and-icd*.

These classifications were based on clinical observations of associated mental health challenges, including elevated rates of depression and suicide risk.

Perspectives from Leading Psychiatrists and Experts

Prominent psychiatrists from major institutions have described transgenderism as a mental disorder, emphasizing treatment through psychotherapy rather than physical affirmation. Key statements include:

- **Paul McHugh, MD (Former Chief of Psychiatry, Johns Hopkins University, 1975-2001)**: "Transgenderism is a mental disorder that deserves understanding, treatment, and prevention... Sex change is biologically impossible." He discontinued Johns Hopkins' gender clinic in 1979 following studies indicating no long-term mental health benefits from surgery. Amicus brief to the U.S. Supreme Court: *https://www.supremecourt.gov/DocketPDF/18/18-107/113262/20190822151939369_TO%20PRINT%2019-8-22%20Dr.%20Paul%20McHugh%20Amicus%20Brief%20FINAL.pdf*. Publication in The New Atlantis: *https://www.thenewatlantis.com/wp-content/uploads/legacy-pdfs/20160819_TNA50SexualityandGender.pdf* (pages 4-58).
- **Stephen Levine, MD (Professor of Psychiatry, Case Western Reserve University)**: "Gender dysphoria is defined and diagnosed only as a psychiatric, not a medical, condition." He cautions against hasty transitions in adolescents, advocating for addressing underlying psychological

factors. Interview with Alliance Defending Freedom: *https://adflegal.org/article/psychiatrist-dr-stephen-levine-discusses-the-science-around-gender-dysphoria*.

- **Ray Blanchard, PhD (Professor of Psychiatry, University of Toronto)**: Describes certain cases as an "autogynephilic paraphilia," a sexual motivation misidentified as gender identity. Analysis in PubMed: *https://pubmed.ncbi.nlm.nih.gov/26782319/*.
- **Quentin Van Meter, MD (Pediatric Endocrinologist, Emory University)**: "Gender dysphoria in children is a mental health condition... 80-90% desist without intervention." Co-authored expert report: *https://christianconcern.com/wp-content/uploads/2018/10/CC-Resource-Misc-Rowes-JR-McHugh-20210915.pdf* (pages 10-15, in collaboration with McHugh).

These experts reference research showing post-transition regret rates of 10-20% and persistent mental health issues.

The Reclassification and Criticisms of Political Influence

Revisions in the 2010s shifted classifications away from pathology, with critics attributing these changes to advocacy and societal pressures rather than new scientific consensus, similar to the 1973 APA declassification of homosexuality following protests.

- **DSM-5 (2013)**: The APA replaced GID with "Gender Dysphoria," focusing solely on distress rather than the identity as disordered, to minimize stigma. This involved input from organizations like the World Professional Association for Transgender Health (WPATH). Discussion in AMA Journal of Ethics: *https://journalofethics.ama-assn.org/article/what-past-suggests-about-when-diagnostic-label-oppressive/2023-06*. Critical review in PubMed: *https://pubmed.ncbi.nlm.nih.gov/26054486/*.
- **ICD-11 (2019)**: The WHO reclassified "gender incongruence" under sexual health conditions, removing it from mental disorders to address stigma and improve care access. Denmark implemented a similar national change in 2017 for human rights reasons. WHO announcement: *https://www.scientificamerican.com/article/where-transgender-is-no-longer-a-diagnosis/*; FAQ: *https://www.who.int/standards/classifications/frequently-asked-questions/gender-incongruence-and-transgender-health-in-the-icd*.
- **New York Times Coverage (2016)**: Reported on the WHO's proposed declassification as a response to activist efforts. Article: *https://www.nytimes.com/2016/07/27/health/who-transgender-medical-disorder.html*.

Paul McHugh critiqued these shifts as prioritizing ideology over evidence in a 2020 Wall Street Journal opinion piece (archived PDF): *https://www.boarddocs.com/vsba/scpsva/Board.nsf/files/B8UR4X6C2467/%24file/01-08-19%20Citizen%20Handouts%20%28L.%20Lineweaver%29.pdf*.

Contemporary Professional Views on Its Status as a Mental Disorder

Leading professionals maintain that transgenderism constitutes a mental disorder, arguing that biological sex is immutable and that affirmation bypasses psychotherapy for underlying psychological

distress, analogous to enabling conditions like anorexia through accommodation. Reviews, such as those from the Society for Evidence-Based Gender Medicine (SEGM), indicate that surgical interventions do not reduce suicide risk: *https://segm.org/ajp_correction_2020*. Although Johns Hopkins resumed transgender services in 2017, McHugh's research continues to inform debates: *https://www.washingtonpost.com/national/health-science/long-shadow-cast-by-psychiatrist-on-transgender-issues-finally-recedes-at-johns-hopkins/2017/04/05/e851e56e-0d85-11e7-ab07-07d9f521f6b5_story.html*.

These sources, including historical manuals and expert analyses, provide evidence of the longstanding psychiatric classification and ongoing professional concerns regarding recent changes.